Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
JOHN D. BOTEFUHR D.C.

Respondent Name
NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number
M4-11-0364-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
September 27, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. John Botefur is the treating doctor and according to DWC Rule 134.202(6)(F), 'The treating doctor is required to review the certification of MMI and assignment of IR performed by another doctor, as stated in the Act and commission rules, Chapter 130 relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by A Doctor Other Than The Treating Doctor. The treating doctor shall bill using the 'work related or medical disability examination by the treating physician…' CPT code with modifier 'VR' to indicate a review of the report only, and shall be reimbursed $50.00."

Amount in Dispute: $50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Chartis did not reimburse the $50.00 charge for this date of service because a peer review by Karl Erwin, M.D. dated 02/26/10 states 'In my opinion, the current treatment is inappropriate and should not be considered related to the original injury."

Response Submitted by: Chartis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 24, 2010	99455-VR	$50.00	$50.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. Texas Administrative Code §134.204 sets out fee guidelines for Workers' Compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 1 – (216) Based on the findings of a review organization.

Issues

1. Did the respondent support the insurance carrier's reason(s) for reduction or denial of services?
2. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 1 – "(216) Based on the findings of a review organization." Review of the submitted peer review report finds that the report was issued February 26, 2010, which predates the disputed date of service of June 24, 2010. The Division therefore concludes that the above review organization did not review the services in this dispute.

   But more importantly, per 28 Texas Administrative Code §134.204(j)(6), "The treating doctor is required to review the certification of MMI and assignment of IR performed by another doctor, as stated in the Act and Division Rules, Chapter 130 of this title." Additionally, 28 Texas Administrative Code §130.3(b) requires that "Upon receipt of the report identified in subsection (a) of this section, the treating doctor shall: (1) indicate on the report either agreement or disagreement with the certification of maximum medical improvement and with the impairment rating assigned by the certifying doctor . . ." The service in dispute is procedure code 99455-VR which represents a Division required report that is not subject to peer review by a review organization. The insurance carrier's denial reason is not supported. This service will therefore be considered per applicable Division rules and fee guidelines."
2. This dispute relates to the treating doctor's review of the certification of maximum medical improvement and impairment rating performed by another doctor. Per 28 Texas Administrative Code §134.204(j)(6), "The treating doctor shall bill using CPT Code 99455 with modifier 'VR' to indicate a review of the report only, and shall be reimbursed $50." Review of the submitted information finds that the documentation supports the service as billed. Reimbursement is recommended in the amount of $50.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $50.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $50.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

	Grayson Richardson	March 13, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.